

APPLICATION FOR CLINICAL LABORATORY LICENSE FOR LABORATORIES LOCATED IN STATES OTHER THAN CALIFORNIA

Division 2, Chapter 3, California Business and Professions Code

INSTRUCTIONS: Please use typewriter or print in ink. Complete both sides of this application and return with required information and required fee.

SEND TO: State of California, Department of Health Services
LABORATORY FIELD SERVICES
1111 Broadway, 19th Floor
Oakland, California 94607-4036

1. Name of laboratory (exactly as desired on license)				2. CLIA certificate number	
Laboratory location (street, number)				3. Date Director of lab changed on _____ Owner of lab changed on _____ New laboratory opening on _____	
City	State	ZIP code	Telephone number ()		
4. Legal name of corporation, district, or association owning laboratory (Fictitious name permit must be on file.)					

5. Check type of ownership. Complete requested name and address (Section 1211 of Business and Professions Code)

☐ **Individual**

Name	Address
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☐ **Partnership (whether general or limited). Give names of all the members of the partnership.**

Name	Address
Name	Address
Name	Address
Name	Address

☐ **Corporation. State the names of the officers, directors, shareholders holding a five percent or more interest in the corporation, and any person, partnership, or corporation who or which has the responsibility to manage or conduct the day-to-day operation of the laboratory. (Use supplementary sheet if necessary.)**

Name	Address
Name	Address
Name	Address
Name	Address
Name	Address

☐ **Unincorporated Association**

Name	Address
Name	Address

☐ **District, city, county, or state**

Name	Address
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☐ **Other (specify)**

Name	Address
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Name of laboratory

6. Director(s) of laboratory

Hours/week to be spent
in this laboratory

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

7. Attach a copy of the most recent certification letter from CMS indicating all the specialties/subspecialties for which this laboratory is certified.

8. Attach a copy of the written procedure of each test methodology for which this laboratory is testing specimens that originate in California.

9. Attach a copy of the last survey report and the laboratory's plan of correction for any deficiencies cited.

10. Attach a copy of the proficiency testing results for the previous three (3) testing events.

11. Complete and return CMS 1513 Ownership form (copy of form submitted to state agency is acceptable).

12. Complete and return the enclosed Laboratory Personnel Report form with this application LAB 116 OS (12/95).

13. Complete and return the enclosed Laboratory Personnel Qualification form with this application for each person performing testing and all personnel responsible for test performance.

This statement must be signed by the owner or a person legally authorized to bind the owner, and the Laboratory Director.

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I declare that any statements contained in the documents submitted are true and correct to the best of my knowledge and belief and that the documents submitted are copies of the originals to the best of my knowledge and belief.

Director Signature

Name (typed)

Title

Date

Owner Signature

Name (typed)

Title

Date